

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/	/		
2	/	/	/	/		
3	/	/	/	/		
4	3	/	/	/		
5	3	/	/	/		
6	3	/	/	/		
7	3	/	/	/		
8	3	/	/	/		
9	3	/	/	/		
10	3	/	/	/		
11	3	/	/	/		
12	3	/	/	/		
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46	3	/	/	/		
47	3	/	/	/		
48	3	/	/	/		
49	3	/	/	/		
50	3	/	/	/		
TOTAL IND.			44			
TOTAL DEP.			44			
TOTAL CLAIMS			44			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.				44		
TOTAL DEP.				44		
TOTAL CLAIMS				44		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS